

**CAP-MR/DD WAIVER TRANSITION  
QUESTION AND ANSWER  
August 25, 2005**

Transition-Utilization Review Guidelines	When do the new UR guidelines apply?	The Utilization Review guidelines are to be applied at CNR or the first Cost Revision. The UR guidelines are applied for the transition revisions only if there is an increase in service.
Transition-Manual	What is the status of the new CAP manual and new service definitions?	The comments from the 30 day comment period for the draft Manual have been reviewed and changes are currently being made to the Manual based on those comments. New service definitions for the CAP-MR/DD waiver will be effective September 1, 2005.
Transition-AFL	A question to clarify "Out of Home Placement". If a family is providing services to their own adult child in a home setting and the family has been getting paid to provide these services is this considered an "out of home placement".	An adult child living with their parents is not considered an out of home placement and therefore not an AFL for the purpose of the CAP-MR/DD waiver. Appropriate services in this setting will be Home and Community Supports and/or PC.
Transition-Cost Summary	Are provider agencies supposed to receive a copy of the cost summary with each plan?	The Cost Summary is intended to be a tool for the LME to track and monitor waiver allocations. It is not necessary for providers to have a copy of the Cost Summary.
Transition-Cost Summary	Will a second level review be required for waiver revisions that directly crosswalk but the cost summaries/budgets exceed \$50,000?	Yes.
Transition-Documentation Requirements	It is my understanding that CAP-MR/DD Services shall be documented in accordance with the Service Records Manual for Providers of MH/DD/SAS Services and that the documentation forms for all waiver services will remain the same with the exception of Residential Supports. To date I am unable to find a copy of the new form to be used for Residential Supports in either the Service Records Manual or on the CAP-MR/DD Waiver update page. Can you direct me to the appropriate place?	The Service Records Manual is currently being revised to reflect documentation requirements for the new waiver, including Residential Supports. It is anticipated that the waiver component of the Service Records Manual will be posted in time for implementation of the new waiver.

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Service Definitions- Day Supports	Can an ADVP program refuse to transport an individual from their residence, to and from the ADVP center, even though they are assuming the Day Support service? Isn't transportation included in the service definition and rate?	The rate for Day Supports is inclusive of transportation to and from the participant's primary residence, the licensed day facility, and/or the community.
Service Definitions- Residential Supports	Residential Supports - AFL residents - For individuals residing in AFL homes who are enrolled in school, are there supports for the summer and holidays such as the community component of HCS?	The community component of HCS may be used to provide for day programming needs of children when not in school during the summer months. However, it is not intended to take the place of the responsibility of the AFL provider. Day Supports may also be used if the day programming is provided in a licensed setting such as a Developmental Day program.
Transition-Family members as providers	If an adult chooses their parent to provide services, is this adequate justification for a parent to provide care?	Person centered planning promotes the concept that purchased or funded supports should not supplant natural resources available to the individual when they are available and appropriate to the need of the individual. Justification for parents of adult children providing paid care include things such as lack of alternative providers, and special circumstances or considerations clearly documented in the Plan of Care, such as an unusual illness that would not allow for other providers in the home, etc.
Transition-Appeals	If appeals are currently in process during the transition to the new waiver, how will these be handled since the old services are to continue until the appeal is settled?	For these circumstances, the current services should be directly crosswalked to the new waiver services and initiated until the appeals is resolved. Specific questions in these situations should be directed to Vivian Leon.

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Service Definitions- Respite	In the manual explaining service during school hours it states that only non-habilitative services may be provided if a client's school day is amended in the IEP. What if a child, whose IEP is not amended, is sent home from school or stays home from school due to sickness, can that child be provided w/ MRPC or respite services during school hours, or is this the responsibility of the parent?	For those circumstances in which the child is home from school due to illness, respite may be provided. Respite may also be used for teacher work days and/or school holidays but may not be used everyday for summer vacations.
Transition-Family members as providers	Can you clarify if justification needs to be provided for family members to work with just clients over 18 years old, or also those under the age of 18?	As addressed in the draft Manual justification must be provided for provision of services by family members regardless of age of the consumer.
Transition-Family members as providers	For family members currently providing services, will there be some sort of grandfather clause for getting it into the person centered plan.	Family members who are currently providing services under the current waiver will be "grandfathered" into the new waiver, unless there are specific issues of health and safety. However, there must be clear documentation in the Plan of Care as to why the family member is providing services. This documentation may occur at CNR time rather than at transition.
Service Definitions- Enhanced PC	When someone's needs are being met with Personal Care Services, what justifies the need for enhanced Personal Care.	The need for Enhanced Personal Care is based on the SNAP index as well as the Plan of Care. The Plan of Care must clearly reflect the need for the enhanced level through identification of significant behavioral or medical challenges. In addition, the Plan must reflect the additional training requirements of the direct care staff.
Transition- Psychologicals	POC's effect. 9-1-05 do they need new or updated psychological.	A psychological is required for initial Plans of Care. If it is an initial Plan of Care during transition, a psychological is required.

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Transition-Cost Summary	Do diapers have to go on Cost Summary?	Diapers do not have to be included on the Cost Summary since they are a regular Medicaid item on the DME Fee Schedule.
Service Definitions- Day Supports	May day facilities that are currently not licensed but in the process of obtaining license provide Day Supports during the time they are waiting for licensure?	No. The definition of Day Supports requires that it be provided by a licensed day provider as outlined in the waiver provider qualifications. Therefore, the community component of HCS must be used until the license is obtained. Once the license is obtained the day facility provider must submit their Provider Enrollment packet to be enrolled to provide Day Supports. Since HCS is a service that directly crosswalks, no action is required for this service if the day facility is now providing Day Hab. (An outside provider may also provide HCS in the day setting until license and enrollment is obtained by the day program.)
Transition-Cost Summary	Does Private Duty Nursing count toward the total cost of waiver services?	PDN is not required to be addressed on the Cost Summary. However, as with all services, regardless of funding source, the services must be included in the Plan of Care with justification of need and outcomes. PDN MUST be prior approved by the DMA Home Care Initiatives Unit for Medicaid to pay for this service.